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ABSTRACT

This digest discusses empowerment for older adults, examining the aging of the population and the adverse effects of societal attitudes toward aging on the self-esteem, locus of control, and emotional health of older adults. The Social Reconstruction Syndrome (SRS) is discussed as a model for interventions to offset the adverse effects of social breakdown. Wellness, developmental counseling, and prevention are also discussed as empowerment strategies. (TE)

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Empowerment for Later Life

Jane E. Myers

Introduction

The concept of empowerment has been variously defined and applied to numerous populations and circumstances. At the most basic level, empowerment is defined as "nurturing belief in capability or competence" (Ashcroft, 1987), or helping people gain a sense of personal power or control over their lives. The ultimate goal of empowerment is to enable persons to live in a manner which maximizes their ability to develop positive satisfying lifestyles. While this concept is equally applicable to anyone experiencing a devalued status, the focus here is on the application of empowerment concepts with a goal of maximizing developmental potential and life satisfaction among older persons.

Aging and the Need for Empowerment

The fact that our population is aging is no longer shocking; however, as a society, the phenomenon is still "new," not fully understood, and easy to "put on the shelf." Persons who are older today are survivors, having lived through more technological and other changes than occurred throughout the remainder of recorded history. They are also pioneers, exploring and creating lifestyles for the years ahead which previous generations did not experience.

In 1990, the average lifespan was 47 years. People could expect to grow up, marry, raise children, and enter the post-parental era; their life then was essentially complete. As we approach the year 2000, people can expect to live into their 80s, almost twice the lifespan of 100 years ago. Now when adults approach the "empty nest," they can expect to live another lifetime that lasts as long as the life they have already lived. Midlife is now a turning point, a time for reexamination and reevaluation of how life is lived, what it means, and what it can mean.

The length of life depends on many factors, the most significant of which is heredity. Gender is also an important factor: Women live longer than men. Older women are at greater risk than men of being single, poor, living alone, or living in long-term care settings.

Unfortunately, increases in the quality of life have not kept pace with increases in the quantity of life. Correlates of satisfaction in the later years include the presence of a spouse, children, social supports, income, good physical and emotional health, adequate housing and transportation, and independence. Even in the absence of a quality lifestyle, attitude often determines life satisfaction. Attitude is related to self-concept and locus of control, both of which may change in later life.

In general, attitudes toward older persons are negative, and often older persons internalize negative societal perceptions. These attitudes, combined with frequent losses (e.g., job, spouse, home, status), contribute to lowered self-esteem among older persons, along with an increasingly external locus of control, and a lack of feelings of self-efficacy.

Self-efficacy and Empowerment

Bandura (1982) proposed the concept of self-efficacy as an explanation of behavior and behavior change. People tend to avoid activities they believe exceed their coping abilities and undertake those they consider themselves capable of handling. Efficacy expectations influence the decision to attempt a behavior, the length of time it will be attempted, and the effort which will be involved. Low efficacy expectations in the face of obstacles will result in persons experiencing serious doubts or giving up, while high efficacy expectations will result in greater efforts being extended to achieve desired results. Some older widows, for example, are active in church or civic activities, social affairs, or travel. Others are largely isolated and uninvolved with life. Objective circumstances and resources may be similar for both sets of widows, however, the former experience a high sense of self-efficacy while the latter group do not.

Many persons reach their later years with a high sense of self-efficacy, having learned throughout their life that they are capable individuals whose efforts will be rewarded. The circumstances and multiple losses of later life, over which they have no control, may lead to a low sense of self-efficacy even among persons who felt otherwise when younger. In addition, older persons with an already low sense of self-efficacy may be expected to react to the losses of later life by giving up more easily and withdrawing. Empowerment, the process of helping people feel a sense of control over their lives, can be an effective strategy for enhancing a sense of self-efficacy among older persons.

Theoretical Approaches to Understanding Later Life

One of the major assumptions underlying the empowerment process is the need to recognize and foster strengths and competencies of older persons. Developmental theories provide a framework for viewing both the challenges and growth potential of later life, while transition theories provide an alternate model for viewing late life development. In contrast to child and adolescent development, the major milestones of adulthood are described in terms of psychological considerations rather than physical maturation, legal entitlement, or chronological age.

Numerous theorists have attempted to explain development over the lifespan. These theorists have proposed life-stage theories to explain normative aspects of development, or what people share in common (Havighurst, 1972; Erikson, 1963).

In contrast to the life-stage theories are the transition theories, those which attempt to explain behaviors based on life events and changes, rather than a predetermined sequence of irreversible stages. Transitions may be expected events (e.g., graduation, marriage), unexpected events (e.g., death of children, spouse), expected events that did not happen (e.g., marriage, birth of

children), or chronic hassles which have a negative effect on self-concept and the ability to initiate change (e.g., a long-term unhappy marriage).

Many of the transitions of later life involve significant losses. What is unique to the older population is the onset of multiple losses before the grieving process for any one is complete.

Mental Health and Aging

Most persons cope with changes in their lives as they grow older with little disruption of functioning. At the same time, it is fairly well documented that mental health concerns increase with advancing age. Older persons experience many stresses, crises, and losses, in addition to the need to cope with devalued status. They are less likely to seek mental health care than other segments of the population; hence minor issues may escalate to major concerns before intervention is sought.

Kuypers and Bengtson (1973) proposed the Social Breakdown Syndrome (SBS) as an explanation of negative adjustment in old age. The SBS explains the process of interaction between social inputs and self-concept which results in a self-perpetuating cycle of negative psychological functioning. The first stage of this model is an existing precondition of susceptibility to psychological breakdown, possibly as a result of identity problems, declining health, loss of status, etc. In the second stage, other persons label the older person as incompetent or deficient in some aspect of behavior. This negative labeling by family, friends, and others leads to the third stage, induction into the sick role. As the older person begins to identify more strongly with the sick role (stage four), self-efficacy becomes impaired and the older person begins to perceive him or herself as inadequate and incapable of independent action. The effects of labeling and ageism make older persons particularly susceptible to this syndrome.

Reversing Breakdown Through Empowerment

The Social Reconstruction Syndrome (SRS) is a model of interventions designed to offset the negative effects of social breakdown (Kuypers & Bengtson, 1973). The underlying assumption is that the cyclical nature of breakdown can be interrupted, slowed, or reversed through inputs at any level of the cycle. This could include societal, environmental, and psychological interventions.

Societal inputs include the need to change ageist stereotypes and beliefs and develop valued roles for older persons during their retirement years. Environmental interventions are aimed at improving the adaptability of older persons through improving access to social services.

The encouragement of self-efficacy through empowerment is a vital strategy for interrupting and reversing the breakdown cycle. By helping older persons experience a sense of control in the management of their lives, and by promoting older persons as capable and self-determined, a sense of empowerment can be fostered. This may require significant modifications in the environment as well as individual perceptions. For example, one way to empower persons is to provide a means of involvement which promotes a sense of ownership and control. Advisory boards and resident panels are examples of strategies for involving older persons in decision making on their own behalf.

In general, consumers placed in the role of passive recipient, such as occurs when the medical model is predominant, tend to become and remain disempowered. For the medical model to incorporate empowerment, a paradigm shift from an illness model to a wellness model may be required.

Empowerment Through Wellness

Wellness, developmental counseling, and prevention often are used interchangeably. The benefit of such approaches is that they incorporate human needs from a lifespan perspective. Wellness is an active process of living in which persons strive to achieve a sense of balance and integration between their mind, body, and emotions (Leafgren & Elsenrath, 1986). Wellness focuses on self-responsibility, on the need to be assertive in creating the life you want rather than passive in just reacting to circumstances. Through an emphasis on freedom of choice, wellness approaches increase the responsibility of individuals for self-care. Wellness is essentially an empowering philosophy which has a goal of helping individuals identify areas of their lives over which they have control, and assisting them to make healthy lifestyle choices which enhance their physical and emotional well being, as well as their continued ability to make even more healthy choices.

Individual behavior is notoriously hard to change. It may be that the best way to ensure change is through creating a positive, healthy environment, in which helpers communicate a sincere belief in the capability of individuals to assume responsibility for their own total well-being. Such an environment is inherently empowering.

As we grow older, the cumulative effect of lifestyle choices becomes increasingly significant. Although the negative impact of unhealthy choices becomes increasingly evident, the good news is that it is never too late to change. Positive, healthy lifestyle choices can enhance the quality of life across the lifespan beginning whenever they are implemented. A philosophy of wellness across the lifespan is one way to respond to the challenge of creating a world where empowerment is the norm for all persons, regardless of their life circumstances.

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